

☒ US Ecology Nevada (Beatty)☐ US Ecology Texas (Robstown)

Profile #:

Fax (775) 553-2125

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☐ US Ecology Idaho (Grand View)

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A. CUSTOMER INFORMATION

*Waste as shipped will be:

☐ Industrial☐ NON - Industrial

*(Texas customers only)

Generator: US EPA Region 9 - Dominguez

Facility Address: Intersection of Opps St & Leeds Street

(No PO Box) Wilmington, CA. 90744

Mailing Address: 2445 N. Palm Dr. #100

City/State/Zip: Signal Hill, CA. 90755

Technical Contact: Gary Wofford (EQM)

Phone: 714-269-5979

Fax:

NAICS# ☐ CESQG ☐ SQG ☐ LQG EPA ID# CAC002662023

State ID#

☐ Check if Billing is Same

Billing Company: PSC-Pomona

Billing Address: 2490 Pomona Blvd

City/State/Zip: Pomona, Ca. 91768

Billing Contact: Modesto Granados

Phone No.: 909-598-4449 Fax No.: 909-598-0041

Email: mgranados@pscnw.com

B. SHIPPING INFORMATION

1. US DOT Shipping Name: Non-RCRA Hazardous Waste Solid

2. Hazard Class: N/A

3. UN/NA #: N/A

4. Packaging Group: N/A

5. RQ: N/A

6. Container Type: ☒ Bulk ☐ Totes ☐ Pallet

Size: 20 Y Roll-off

7. Frequency: ☐ Year ☒ QTR ☐ Month☐ Boxes ☐ Bags ☐ Drums ☐ Other

Quantity: 9-10

☐ 1 Time ☐ Other**C. GENERAL MATERIAL & REGULATORY INFORMATION**

1. Common name for this waste: oil contaminated debris, vegetation & soil

2. Process generating the material: Spill clean up

3. Describe physical appearance of waste: various

4. Describe odor of waste: ☒ None ☐ Slight ☐ Strong Describe:5. Knowledge is from: ☐ Lab Analysis ☐ MSDS ☒ Process/Generator knowledge☐ Yes ☒ No Is the waste restricted under EPA Land Disposal☒ Yes ☐ No Is the material <500 PPMW VOC as generated?

Restrictions (40 CFR 268) If yes, please complete LDR form

☐ Yes ☒ No Is the waste, or generating facility, subject to regulation under 40 CFR Part 61 Subpart FF (Benzene Rule) of NESHAPS?

If yes, complete form "attachment 4". (Note: Waste generated from chemical manufacturing, coke-by-product recovery plants, petroleum refineries or treaters of such waste are subject to these requirements.)

☐ Yes ☒ No State waste codes

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☐ Wastewater ☒ Non-wastewater ☐ Debris☐ Yes ☐ No Alternative standards for Soil?☐ Yes ☒ No CERCLA Regulated (Superfund) Waste☐ Yes ☒ No

Contains UHCs/Constituents of Concern: List in section D

☐ Yes ☒ No EPA Haz. Waste (list codes)☐ Yes ☒ No

Has the waste been treated after the initial point of generation?

☐ Yes ☒ No

Subpart XX (40 CFR 63.1080) Controls Required?

☐ Yes ☒ No

Exempt Waste: If yes, list ref. 40 CFR

Source Code G

Form Code W

Mgt. Method H

D. MATERIAL COMPOSITION (Physical/Chemical)(Range Total > or = 100%) Values are ☐ TCLP ☐ TOTALS

(Include additional sheets as necessary) typical value unit range

oil contaminated soil 1 %

oil contaminated vegetation 0-99 %

(cat tails, reeds, etc.)

oil contaminated absorbent 0-99 %

boom/debris

E. Does the waste exhibit or contain the following:☐ Yes ☒ No Oxidizer☐ Yes ☒ No React. Sulfides ppm☐ Yes ☒ No Explosive☐ Yes ☒ No React. Cyanides ppm☐ Yes ☒ No Organic Peroxide☐ Yes ☒ No Water/Air (Pyrophoric) React.☐ Yes ☒ No Shock Sensitive☐ Yes ☒ No Thermally Unstable☐ Yes ☒ No Tires☐ Yes ☒ No TSCA Regulated PCB Waste☐ Yes ☒ No Pyrophoric☐ Yes ☒ No Regulated Medical/Infectious Waste☐ Yes ☒ No Radioactive**☐ Yes ☒ No Compressed Gasses☐ Yes ☒ No Exempt RAD**

**Additional Radiological info is provided in USEC's WAC Addendum

☐ Yes ☒ No Halogenated Organic Compounds? (per 40 CFR 268, Appendix III)**F. PHYSICAL CHARACTERISTICS**

pH Range to

1. Flash Point: °F (if <140°F)

2. Typical pH: pH Range: ☐ ≤ 2☐ Yes ☒ No Possibility of incidental liquids from transportation?☒ >2, <12.5☒ Yes ☐ No Does waste pass the EPA specified paint filter test?☐ ≥ 12.5

(Pass is a solid)

G. GENERATOR'S CERTIFICATION:☒ Yes ☐ No I certify this material may be disposed of without further treatment.

Certification Statement: I certify under penalty of law that I am familiar with this waste stream through analysis and/or process knowledge, and that all information provided is true, accurate, representative and complete, and that all known or suspected hazards have been disclosed.

Furthermore, I certify that this form was completed in accordance with the instructions provided.

Print Name:

Signature:

Title:

Date:

Facility use only:

First review:

Second review:

Final review:

Date approved:

Date Denied: